



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
REQUEST TO IMPLEMENT A BRADBAND PAY ADJUSTMENT
Form A**

***This form must be submitted to the Human Resources Bureau for review and routing approval.*

Employee Name _____ **Employee ID #** _____
(Employee who is to receive the pay adjustment)
Position Title _____ **Position Number** _____ **Date submitted** _____
Division _____ **Work Unit** _____

Is the position included in a bargaining unit? ☐ Yes ☐ No *If YES contact HR Bureau chief*

Current Base Pay Rate _____ **New Base Pay Rate** _____

Proposed Amount Change _____ **Change Effective Date** _____

Nature of Pay Change Request

- | | | |
|--|--|--|
| <input type="checkbox"/> Strategic Pay | <input type="checkbox"/> Pay for Performance | <input type="checkbox"/> Results based pay |
| <input type="checkbox"/> Competency Adjustment | <input type="checkbox"/> Situational Pay | <input type="checkbox"/> Classification change |
| <input type="checkbox"/> Retention based pay (Please complete Form B in addition to Form A) <input type="checkbox"/> Other (specify) _____ | | |

Describe below how the subject was determined to be eligible for this pay adjustment

Requesting Supervisor Certification & Approvals

- ☐ I certify this employee has acceptable performance confirmed by a current performance appraisal
- ☐ I certify that funds are available within our Division budget to pay for this request
- ☐ I am requesting additional budget authority to fund this pay request
- ☐ I certify that I, the requesting supervisor, have reviewed and understand [DOC Policy 1.3.6, Pay Plan Rules](#) prior to signing

Requesting Supervisor

Division Administrator

Budget Analyst

Human Resources comments and recommendations:

Human Resources Bureau chief, or designee

Department Director, or designee



**STATE OF MONTANA
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Form B**

***This form must be completed in detail by the **requesting supervisor** when the nature of a pay change request is retention based. The form must be submitted to the Human Resources Bureau for review and routing approval with additional or supplemental information attached.*

Describe below the competencies of the employee who is to receive the pay adjustment

Justify the recruitment and retention issues of the employee's current position

Describe the salary rates of comparable Department positions, if applicable

List the established work unit career progression plans, if available

Is the pay adjustment feasible with the agency's budget? If so, describe how funding for the pay adjustment will be acquired

☐ The above issues have been discussed, in person, with a Human Resource specialist

☐ The above issues have been discussed, in person, with the agency's budget analyst

Requesting Supervisor

Division Administrator

Budget Analyst

Human Resources comments and recommendations:

Human Resources Bureau chief, or designee

Department Director, or designee